

4-22-04 NEW  
04-19953

APPROVAL 4-22-04  
MAY 5th TC

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: A Perfect Food Company, LLC

BUSINESS STREET ADDRESS: 6920 S.W. 56 Ct. Davie ZIP 33314

BUSINESS MAILING ADDRESS: 4611 S. University Dr. #401 Davie ZIP 33328

BUSINESS PHONE: \_\_\_\_\_

DESCRIBE TYPE OF BUSINESS: wholesale - (distribution - nutritional supplement)

BUSINESS IS: Corporation ☒ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. Karen Pignato	6920 SW 56 Ct	Davie, FL 33314	954-792-9214
2. Lauren Bratek	4681 Kriston Ln.	Pendleton, NY 14120	716-625-3955

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2004, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Karen Pignato, President  
Print Owner or Officers Name and Title

Karen M. Pignato  
Signature of Owner or Officer

Office Use Only: Date <u>4-22-04</u> Category <u>00300</u> Fee Exempt per Sec. 13-13 Fee <u>110.25</u> Rec# <u>110.25</u> New <input checked="" type="checkbox"/> Trans _____	
License # <u>04-19953</u> Control # <u>16091</u> <u>110.25</u> Pd. <u>OK IN SYSTEM</u> Zoning _____	
Council approval Required _____ Yes _____ No _____ Zoning Approval _____ Date _____	
Town Council Date _____ Approved _____ Denied _____	
Tabled To _____ Approved _____ Denied _____	
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL <u>50-41-34-04-0120</u> <u>LOCATER 10 30616</u>	

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